

"FEE ADDRESS" INDICATION FORM

**Address to:
Mail Stop M Correspondence
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450**

OR Fax to:
571-273-6500

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** if you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

Customer Number: **000197**

OR

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER	APPLICATION NUMBER
7594952	10/531835

Completed by (check one):

<input type="checkbox"/> Applicant / Inventor	/Joel E Bair/ Signature
<input checked="" type="checkbox"/> Attorney or Agent of record <u>33,356</u> (Reg No.)	Joel E. Bair Typed or printed name
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.	616-742-3500 Requester's telephone number
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<input type="checkbox"/> Assignee recorded at Reel _____ Frame _____	February 3, 2010 Date

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

* Total of one forms are submitted.